



**Victorian Certificate of Education
2004**

SUPERVISOR TO ATTACH PROCESSING LABEL HERE

STUDENT NUMBER

Figures

Words

Letter

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HEALTH AND HUMAN DEVELOPMENT

Written examination

Monday 8 November 2004

Reading time: 3.00 pm to 3.15 pm (15 minutes)

Writing time: 3.15 pm to 5.15 pm (2 hours)

QUESTION AND ANSWER BOOK

Structure of book

<i>Number of questions</i>	<i>Number of questions to be answered</i>	<i>Number of marks</i>
5	5	85

- Students are permitted to bring into the examination room: pens, pencils, highlighters, erasers, sharpeners and rulers.
 - Students are NOT permitted to bring into the examination room: blank sheets of paper and/or white out liquid/tape.
 - No calculator is allowed in this examination.
- Materials supplied**
- Question and answer book of 14 pages.
- Instructions**
- Write your **student number** in the space provided above on this page.
 - All written responses must be in English.

Students are NOT permitted to bring mobile phones and/or any other electronic communication devices into the examination room.

Question 1

- a. Over 1300 million people in the world are current smokers (World Bank, 1999). If this behaviour continues in the twenty-first century the use of tobacco will lead to one billion deaths, eighty per cent of which will occur in low-income countries [developing countries]. Within twenty years, tobacco dependence could become the world’s single largest cause of premature death or years lived with disability.

Source: Adapted from World Health Organization (WHO) 2003, Policy Recommendations for Smoking Cessation and Treatment of Tobacco Dependence, World Health Organization, Geneva, p. xi

- i. List two possible reasons why smoking rates in developing countries are increasing.

Reason 1 _____

Reason 2 _____

1 + 1 = 2 marks

- ii. Describe three effects of tobacco smoking on health and development of people living in developing countries.

1. _____

2. _____

3. _____

2 + 2 + 2 = 6 marks

b. Policies intended to cause people to stop tobacco smoking is one phase of the WHO Framework Convention on Tobacco Control.

i. Briefly describe one policy used in a **developed country** to cause people to stop smoking tobacco.

3 marks

ii. Describe two aspects of this policy that would increase its likelihood of success in a developed country.

Aspect 1 _____

Aspect 2 _____

2 + 2 = 4 marks

- iii. Discuss two factors that may make it more difficult for this policy to be successful in a developing country.

Factor 1 _____

Factor 2 _____

2 + 2 = 4 marks

Total 19 marks

Question 2

- a. National Health Priority Areas have been recognised by health ministers since 1986.
- i. What is the purpose of identifying some health issues as National Health Priority Areas?

2 marks

- ii. Injury prevention and control has been recognised as one of these National Health Priority Areas. List two other current National Health Priority Areas.

Example 1 _____

Example 2 _____

1 + 1 = 2 marks

- b. Injuries, both intentional and unintentional, are a major contributor to the overall burden of disease in Australia.

Figure 1 shows the percentage of overall DALYs (Disability Adjusted Life Years) which are the result of intentional injuries, unintentional injuries, and other causes of illness and death for the range of age groups.

Figure 1. Percentage distribution of DALYs by age group, Injuries, Australia, 1996

Contribution to DALYs	0–14 years	15–34 years	35–54 years	55–74 years
Unintentional injuries	10.5	14.9	6.9	2.2
Intentional injuries	0.7	8.6	4.8	0.8
Other than injuries	88.8	76.5	88.3	97.0
Total DALYs	100	100	100	100

Source: Adapted from Mathers C., Vos, T., Stevenson, C., 1999, The burden of disease and injury in Australia, Australian Institute of Health and Welfare, Canberra, p. 69

Choose **two age groups** listed in Figure 1 and **describe** two differences in percentages of injuries between the two groups you have chosen.

Groups chosen _____

Difference 1 _____

Difference 2 _____

1 + 1 = 2 marks

Question 2 – continued
TURN OVER

- c. i. For **one** of the age groups represented in Figure 1, list one significant example of each of the following.

Age group _____

Physical development _____

Social development _____

Emotional development _____

Intellectual development _____

1 + 1 + 1 + 1 = 4 marks

- ii. Use two of your examples of development from **part c.i.** to explain the levels of intentional and unintentional injuries recorded for that age group.

Example 1 _____

Example 2 _____

2 + 2 = 4 marks

Total 14 marks

Question 3

- a. Infectious and parasitic diseases in the World Health Organization Africa Region (which includes Zimbabwe) contribute 56% of the DALYs. In the World Health Organization Western Pacific Region (which includes Australia) the relevant figure is 1.9%.

Source: Adapted from Annex Table 3, Burden of Disease in DALYs by cause, sex and mortality stratum in WHO regions, estimates for 2002 in WHO, World Health Report 2003, WHO, Geneva

- i. Identify three factors that contribute to health status and developmental outcomes in developing countries.

- 1. _____
- 2. _____
- 3. _____

1 + 1 + 1 = 3 marks

- ii. Explain how these factors may cause the differences in the contribution of infectious and parasitic diseases to total DALYs in Zimbabwe and Australia.

- 1. _____

- 2. _____

- 3. _____

2 + 2 + 2 = 6 marks

- b.** The World Health Report 2003 affirms that the key task of the global community is to close the gap in health status between developed and developing countries.
- i.** Describe one contribution that Australia could make to global health programs through AusAID or nongovernment organisations to decrease the impact of infectious and parasitic diseases in high mortality countries like Zimbabwe.

3 marks

- ii.** Explain how this contribution would decrease the impact of infectious and parasitic diseases on health or development in high mortality countries like Zimbabwe.

2 marks

Total 14 marks

Question 4

a. Nutrition is an important environmental factor in optimising prenatal health and development. Adequate intakes of iron and folate are important for prenatal growth and development.

i. List one dietary source for each of iron and folate.

Iron _____

Folate _____

1 + 1 = 2 marks

ii. Describe the effects on foetal development if these nutrients are not present in adequate amounts.

Iron _____

Folate _____

2 + 2 = 4 marks

b. ‘The Australian Guide to Healthy Eating’, the ‘Eat Well Australia’ public health nutrition strategy and the ‘Dietary Guidelines for Australian Adults’ provide dietary advice to promote healthy eating.

Choose **one** of these and comment on the advice it gives in assisting women to make appropriate food choices during pregnancy.

4 marks

- c. i. A low birth weight (less than 2500 g) has been recognised as having long-term effects on health and development. List two possible long-term effects on health or development of the child.

Effect 1 _____

Effect 2 _____

1 + 1 = 2 marks

Low birth weight is one factor that may relate to variations in health status in population groups in Australia. The proportion of low birth weight babies born to indigenous and non-indigenous mothers differs. Figure 2 shows the differences.

Figure 2. Percentage of babies of low birth weight born to indigenous and all mothers, by state, Australia, 1999

	NSW	VIC	QLD	WA	SA	NT	Australia
Indigenous mothers							
% low birth weight	12.6	15.5	11.1	14.8	16.8	14.3	13.0
Non-indigenous mothers							
% low birth weight	6.2	6.9	6.5	6.1	6.3	7.6	6.5

Source: www.healthinfonet.ecu.edu.au/html-_keyfacts/faq/faq_births.htm, p.4, Accessed 29/2/04

- ii. Identify three reasons why indigenous mothers may have a higher proportion of low birth weight babies than do non-indigenous mothers.

Reason 1 _____

Reason 2 _____

Reason 3 _____

1 + 1 + 1 = 3 marks

- iii. Describe one program that the government could implement to improve the health status of indigenous people by decreasing the incidence of low birth weight babies.

2 marks

- iv. Explain why this program may be effective in improving the health status of indigenous Australians.

3 marks

Total 20 marks

Question 5

- a. Australia’s health care system aims to provide access to necessary medical and health care services for all Australians.

List two values that underpin Australia’s health care system.

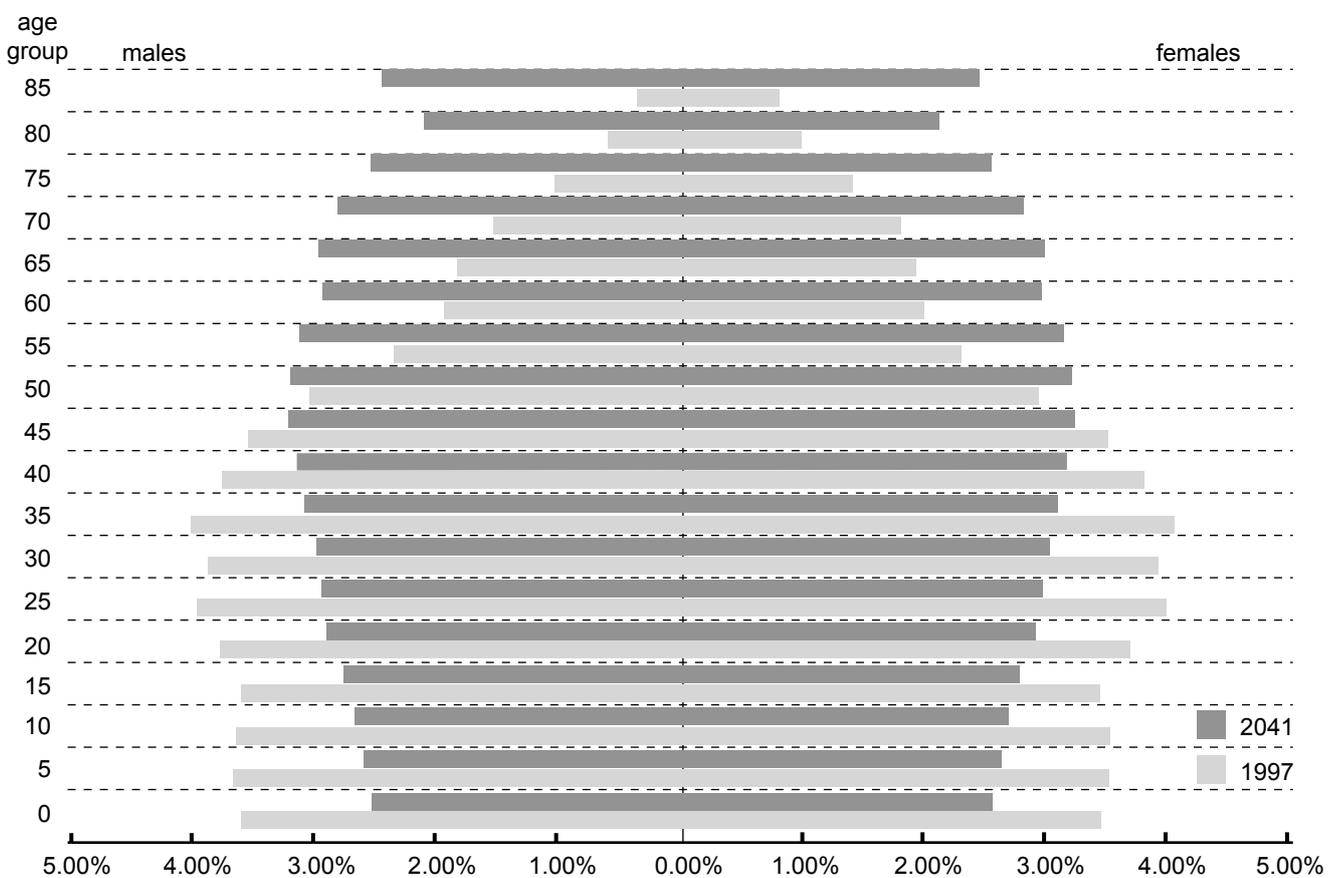
Value 1 _____

Value 2 _____

1 + 1 = 2 marks

- b. Figure 3 shows the percentage of the population at particular age groups in 1997 and the estimate for 2041. Males are shown on the left-hand side, females on the right-hand side.

Figure 3. Projected percentage of total Australian population 1997 and 2041 by age groups



Source: Australian Government Department of Health and Ageing, August 2003, Aged Care in Australia, Commonwealth of Australia, Canberra, page 4

- i. Describe the projected changes in population indicated in Figure 3.

2 marks

- ii. Predict one impact the projected changes may have for the health care system if the current values of the health care system are to be maintained.

4 marks

- c. There are several key areas of promoting healthy ageing and preventing illness. Five of these are

- maintaining social relationships and friendships
- engaging in physical activity
- preventing falls and injury
- maintaining adequate nutrition
- detecting sensory loss early.

- i. Name one strategy developed by a government or a nongovernment organisation that aims to promote one of the key areas listed above.

Strategy _____

Key area _____

2 marks

- ii. Explain how this strategy relates to two actions of the Ottawa Charter.

Action 1 _____

Action 2 _____

2 + 2 = 4 marks

